



You indicated on the Free Application for Federal Student Aid (FAFSA) that you and/or your family had little or no income in 2020. We need to verify how you and/or your family met your living expenses without significant income. We are required by the U.S. Department of Education to resolve any conflicting data, and this is a routine request.

Please complete the certification that follows, as it is based on the household you reported on the FAFSA. Most of the types of income or support listed on this form do not have to be reported on the FAFSA and will not affect your eligibility for financial aid. However, reporting the presence of these types of income or support on this form will resolve the conflict of how you met your living expenses.

Until we receive this completed form, we cannot determine your financial aid eligibility. If you have any questions or need assistance with this process, please email us at tccentral@tctc.edu or call (864) 646-8282 Option 1.

Return the completed form to any of the 4 campuses.

We accept this form in person, postal mail (PO Box only), fax, and TCTC e-mail.

TCTC Financial Aid takes every effort to secure any sensitive data. Please do not send sensitive documents or personal information via unsecure methods to the financial aid office.

Fax: (864)646-1890

E-mail: tccentral@tctc.edu

Pendleton Campus

Tri-County Technical College
P O Box 587
Pendleton SC 29670
(864)646-8282 Option 1

Anderson Campus

Tri-County Technical College
511 Michelin Boulevard
Anderson, SC 29626
(864)260-6700

Easley Campus

Tri-County Technical College
1774 Powdersville Road
Easley, SC 29642
(864)220-8888

Oconee Campus

Tri-County Technical College
552 Education Way
Westminster, SC 29693
(864)613-1900



2022-2023 Verification of Other Benefits Received

STUDENT'S NAME: _____ **Student's TCTC ID:** _____

Student's TCTC Email: _____ **Student's Phone Number:** _____

The following are types of support that you could have received in 2020 or 2021. Please check each box that applies to you and/or a parent or spouse.

Student	Spouse OR Parent	Type of Support Received In 2020 or 2021
<input type="checkbox"/>	<input type="checkbox"/>	Food stamps (SNAP) (received by any household member)
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid or Supplemental Security Income (SSI) (received by any household member)
<input type="checkbox"/>	<input type="checkbox"/>	Free and Reduced Lunch
<input type="checkbox"/>	<input type="checkbox"/>	Welfare benefits (Temporary Assistance to Needy Families/TANF)
<input type="checkbox"/>	<input type="checkbox"/>	Nutrition Program for Women, Infants and Children (WIC) (received by any household member)
<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid received during 2020-21 (loans, grants, scholarships, fellowships)
<input type="checkbox"/>	<input type="checkbox"/>	Federal Veterans education benefits
<input type="checkbox"/>	<input type="checkbox"/>	Untaxed Social Security benefits (received by member of household)
<input type="checkbox"/>	<input type="checkbox"/>	Subsidized housing (Section 8 housing or project housing)

If you did NOT check any boxes above, complete the chart below.

Student	Spouse OR Parent	Type of Support Received In 2020 or 2021 PROVIDE ANNUAL AMOUNTS FOR THE FOLLOWING BENEFITS	Estimated Annual Amount
<input type="checkbox"/>	<input type="checkbox"/>	Food and/or Rent-free housing (provided by anyone other than parent)	\$
<input type="checkbox"/>	<input type="checkbox"/>	INDEPENDENT STUDENTS ONLY: Food and/or housing (provided by parent)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other (items that were not required to be reported on the FAFSA, such as military housing, bills paid by a third party for you, etc.). Please explain:	\$

EACH PERSON signing below in **ink** certifies that all of the information reported complete and correct.

Student Signature: _____ **Date:** _____

Parent Signature (if dependent): _____ **Date:** _____